

PURPOSE

To ensure each youth placed in a residential facility is provided individually appropriate, complete and timely treatment planning which supports service delivery and positive, permanent changes in behavior. Juvenile justice residential facility staff must assist each youth with rehabilitation through effective programming and comprehensive and timely individualized treatment plans. Plans must be based on the youth's assessed risk and assessment of the youth and family's strengths and needs. Treatment plans must be developed in concert with the service plans and reentry plan(s) prepared by the juvenile justice specialist (JJS). Treatment plans must also incorporate the input from the residential treatment team, juvenile justice specialist, the youth and the youth's parent(s)/legal guardian(s).

This policy does not apply to shelter care and detention institutions; see Mich Admin Code, R 400.4153 & R 400.4154 for required service plans for shelter care and detention institutions.

DEFINITIONS

See [JRG, JJ Residential Glossary](#).

Intersex

Pursuant to Prison Rape Elimination Act (PREA) National Standards 28 CFR 115.5, intersex means a person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.

Mental Health Professional

Pursuant to the Mental Health Code, 1974 PA 258, MCL 330.1100b(16)(a)-(f), a mental health professional means an individual who is trained and experienced in the area of mental illness or developmental disabilities and who is one of the following:

- A physician.
- A psychologist.
- A registered professional nurse licensed or otherwise authorized to engage in the practice of nursing under part 172

of the public health code, 1978 PA 368, MCL 333.17201 to 333.17242.

- A licensed master's social worker licensed or otherwise authorized to engage in the practice of social work at the master's level under part 185 of the public health code, 1978 PA 369, MCL 333.18501 to 333.18518.
- A licensed professional counselor licensed or otherwise authorized to engage in the practice of counseling under part 181 of the public health code, 1978 PA 368, MCL 333.18101 to 333.18117.
- A marriage and family therapist licensed or otherwise authorized to engage in the practice of marriage and family therapy under part 169 of the public health code, 1978 PA 368, MCL 333.16901 to 333.16915 to practice in this state.

Transgender

Pursuant to PREA National Standards 28 CFR 115.5, transgender means a person whose gender identity (such as, internal sense of feeling male or female) is different from the person's assigned sex at birth.

Two-Spirit

A modern umbrella term used by some indigenous North Americans to describe gender-variant individuals in their communities, specifically people within indigenous communities who identify as having both male and female spirits within them. It is a spiritual role that is recognized and confirmed by the Two-Spirit's indigenous community.

Unplanned Release

An unplanned release is a release that is both prior to the estimated release date **and** unexpected (for example, a court ordering the immediate release of a youth against the juvenile justice specialist and facility treatment team recommendation or a youth AWOLP/escape who does not return to the facility.)

**RESPONSIBLE
STAFF**

State run and private, contracted juvenile justice residential treatment facility staff. Specific facility staff must be designated in the facility standard operating procedures.

PROCEDURE

Each facility is required to develop and implement standard operating procedures relative to completing treatment plans, reentry plans, release reports and release outcome reporting. At a minimum, these standard operating procedures should strive to contain the following requirements:

**RESIDENTIAL
TREATMENT PLAN
REQUIREMENTS**

Residential treatment plans are written plans that must be completed in the Michigan Statewide Automated Child Welfare Information System (MiSACWIS) for each youth at a state run or private, contracted juvenile justice residential treatment facility. Residential treatment plans and reports consist of the following:

- DHS-232, Initial Treatment Plan (ITP).
- DHS-233, Updated Treatment Plan (UTP).
- DHS-234, Release Report (RR).
- Release Outcome Reporting.

Plans should support achievement of the permanency goal as identified in the current juvenile justice supplemental updated service plan.

**DEVELOPING
TREATMENT PLANS
& RELEASE
REPORTS**

Residential Screening & Assessment

See [JRM 202, Residential Screening & Assessment](#), for details on completion of screening and assessments and linking requirements.

Treatment Team Meetings

At each facility, the treatment team must meet at least every 30 days to review youth needs and progress. Parent(s)/legal guardian(s) must be notified in advance and invited to participate in person, by telephone, or through secure video conference. When parent(s)/legal guardian(s) are unable to participate in the monthly treatment team meeting, his or her written input must be encouraged.

Treatment teams must consist of:

- The youth.
- The youth's identified family.
- Clinical staff.
- The residential case manager and his or her supervisor.
- Direct care staff.
- The juvenile justice specialist.

A monthly **treatment and transition team** meeting for reentry planning may replace a monthly treatment team meeting as long as all elements of both meetings are completed. Refer to [JRM 207, Reentry Planning and Preparation, Phase Two, Going Home](#), for treatment and transition team requirements.

The following items must be discussed in the meeting:

- The youth's needs, goals and objectives in the treatment plan.
- The youth's progress in achieving the goals and objectives.
- The effectiveness of treatment strategies and interventions and any changes in diagnoses, goals, objectives, treatment approaches, interventions, or medications.
- Intentions to add, modify, reschedule, or eliminate existing goals. The goal and basis for the goal change must be documented in the treatment team meeting minutes and in the

next treatment plan. The basis for goal changes are derived from the JJ Strengths and Needs Assessment and the assigned juvenile justice specialist and/or the residential case manager has the ability to add additional goals.

Monthly treatment team meetings are to be documented in MiSACWIS as follows:

- Clinical Case Notes using the Type of Session, Assessment/Evaluation Review, reasons for seeing youth, observations and evaluation.
- A Social Work Contact must also be recorded with the Contact Type, FTM Family Team Meeting, to document the participants or reasons a treatment team member did not participate. Include brief comments on any input submitted by those unable to attend.

Establishing Goals

Youth should be engaged to develop their own goals. Treatment plans and release report goals are to be developed using MiSACWIS Strengths and Needs and identify treatment strategies and interventions that will address the youth's needs. Include the following for each negative-scoring need domain based on the JJ Strengths and Needs assessment scores:

- Goal(s) must be maintained from plan to plan unless the goal was achieved or there is written justification for why the goal was changed or discontinued.
- Desired outcome(s).
- Expected achievement date(s).
- Action step(s).
- Responsible person(s).
- Description of the service(s) provided to address the need. Include the amount, duration and intensity of the service(s).

The facility director and/or designee must ensure there is a specific plan in place to address the family's needs that will assist the family in meeting the needs of the youth while in placement and to attain the family goals, as well as delineation of roles of the residential, JJS and family to accomplish these goals. Designated facility staff

must coordinate with the youth's JJS to identify, recruit and prepare any identified family for eventual placement or involvement with the youth.

**Required
Review/Update by
Mental Health
Professional**

Behavioral health services to address Emotional Stability and/or Substance Abuse needs must be reviewed and updated with input from youth by a mental health professional on a monthly basis.

The mental health professional review must consist of an evaluation of the youth's Emotional Stability and/or Substance Abuse goal(s) and the associated:

- Desired outcome(s).
- Expected achievement date(s).
- Action step(s).
- Responsible person(s).
- Service(s) provided to address the need, including the amount, duration and intensity of the service(s).

The mental health professional monthly review must be documented in the MiSACWIS Clinical Case Notes using the Type of Session: Professional Review of Behavioral Health Plan.

**DHS-232, INITIAL
TREATMENT PLAN
INSTRUCTIONS**

In accordance with Mich Admin Code, R 400.4155(2), the DHS-232, Initial Treatment Plan (ITP), must be developed in collaboration with the youth, legal parent(s)/guardian(s), direct care staff and assigned juvenile justice specialist. The DHS-232, must be completed in MiSACWIS and pursuant to Mich Admin Code, R 400.4155(3), the following must be included in the DHS-232, Initial Treatment Plan:

- An assessment of the youth's and identified family's strengths and needs. Use the JJ Strength and Needs Assessment and the Michigan Juvenile Justice Assessment System as indicated in [JRM 202, Residential Screening and Assessment](#).

- Plans for parent(s)/legal guardian(s) and youth visitation. Document in MiSACWIS Visitation Plan.
- Treatment goals to rehabilitate the youth and identified family and time frames for achieving those goals. Document in MiSACWIS Strengths and Needs.
- Indicators of goal achievement. Document in MiSACWIS Strengths and Needs.
- Identified person(s) responsible for coordinating and implementing methods to assist the youth to achieve the treatment goals for the youth and identified family. Document in MiSACWIS Strengths and Needs.
- Staff techniques to assist the youth in achieving treatment goals, including a specific behavior management plan. The plan must be designed to minimize seclusion and restraint and include a continuum of responses to problem behaviors. Document in MiSACWIS Strengths and Needs.
- Estimated length of stay and next placement. Document in MiSACWIS Supporting Information.
- For youth 14 years of age and over, a plan to prepare the youth for functional independence. Use the Casey Life Skills assessment results, as required in [JRM 202, Residential Screening and Assessment](#). Document actions steps in MiSACWIS Strengths and Needs.

Goals in the DHS-4789, Juvenile Justice Initial Service Plan, completed by the juvenile justice specialist, must be reflected in the DHS 232, Initial Treatment Plan. Any goal differences between the juvenile justice specialist and the residential case manager should be resolved prior to treatment plan approval.

Prison Rape Elimination Act Program/Placemen t Assignment

Pursuant to the Prison Rape Elimination Act National Standards for Juvenile Facilities, 28 CFR 115.342, residential facility staff need to use all information obtained from the MDHHS-5606, Prison Rape Elimination Act (PREA) Screening Tool, to make housing, bed, program, education, and work assignments for youth with the goal

of keeping all youth safe and free from sexual abuse. See [JRM 202, Residential Screening and Assessment, Juvenile Justice \(JJ\) Strengths and Needs Assessment](#), for information on documenting assignments in the JJ Strengths and Needs Assessment.

Completion Date Compliance

Pursuant to Mich Admin Code, R 400.4155(1), the DHS-232, Initial Treatment Plan, must be completed within 30 calendar days of the youth's admission. The DHS-232, Initial Treatment Plan, is considered complete when the assigned residential case manager submits the initial treatment plan to his/her supervisor in MiSACWIS for approval. The completion date is reflected as the Report Date on the first page of the initial treatment plan.

The DHS-232, Initial Treatment Plan, is considered overdue if the Report Date is on or after the 31st calendar day following the youth's admission date to the facility.

In accordance with Mich Admin Code, R 400.4155(1) and (4) and R 400.4167(2), the residential case manager is required to sign the DHS-232, Initial Treatment Plan.

DHS-233, UPDATED TREATMENT PLAN INSTRUCTIONS

In accordance with Mich Admin Code, R 400.4156(2), the DHS-233, Updated Treatment Plan, must be developed in collaboration with the youth, legal parent(s)/guardian(s), direct care staff and the assigned juvenile justice specialist. The DHS-233, Updated Treatment Plan, is required to be completed in MiSACWIS and goals are to be based on the most recent MJJAS assessment and the JJ Strengths and Needs assessment.

Mich Admin Code, R 400.4156(3), requires that the following are to be included in the updated treatment plan:

- Dates, person(s) contacted, type of contact and place of contact. These contacts must be recorded in MiSACWIS Social Work Contacts.
- Progress made towards achieving the goal(s) established in the previous treatment plan in MiSACWIS Strengths and Needs.

- Changes in the treatment plan, including new concerns and new goals to remedy those concerns. Indicators of goal achievement and time frames for achievement are to be specified along with a specific behavior management plan designed to minimize seclusion and restraint and that includes a continuum of responses to problem behaviors. This is to be documented in MiSACWIS Strengths and Needs.
- For youth 14 years of age and over, there needs to be a plan to prepare the youth for functional independence using the Casey Life Skills assessment results, according to [JRM 202, Residential Screening and Assessment](#).

Prison Rape Elimination Act Program/Placemen t Reviews

Pursuant to the Prison Rape Elimination Act National Standards for Juvenile Facilities, 28 CFR 115.311-115.393, residential facility staff must obtain and use information on a youth's history, behavior, and any threats to safety that the youth has experienced, to reduce the risk of sexual victimization and abuse. **When a youth identifies as transgender, two-spirit or intersex**, placement and programming assignments must be reassessed at least twice per year for any threats to safety experienced by the youth (28 CFR 115.342(e)).

Documentation of this program/placement assignment review is to be completed every six months following a youth's admission by recording a MiSACWIS Clinical Case Note using the Type of Session, PREA Program/Placement Review.

As a result of the PREA Program/Placement Review, any specific changes to assignments must be documented in MiSACWIS; see [JRM 202, Residential Screening and Assessment, Juvenile Justice \(JJ\) Strengths and Needs Assessment](#), for information on documenting assignments in the JJ Strengths and Needs Assessment.

Completion Date Compliance

Pursuant to Mich Admin Code, R 400.4156(1), completion of the first DHS-233, Updated Treatment Plan, is required within 90

calendar days of the initial treatment plan report period end date or sooner, if necessary, to ensure coordination with court hearings.

The DHS-233, Updated Treatment Plan, must be updated and revised at 90-day intervals. The due date is within 90 calendar days of the previous treatment plan's report period end date. The updated treatment plan is considered complete when the assigned residential case manager submits the updated treatment plan to his/her supervisor in MiSACWIS for approval. The completion date is reflected as the Report Date on the first page of the updated treatment plan.

The DHS-233, Updated Treatment Plan, is considered overdue if the Report Date is on or after the 91st calendar day from the previous treatment plan's report period end date.

In accordance with Mich Admin Code, R 400.4156(1) and (4) and Mich Admin Code, R 400.4167(2), the residential case manager must sign treatment plans.

DHS-234, RELEASE REPORT INSTRUCTIONS

The DHS-234, Release Report, must be developed in collaboration with the youth, legal parent(s)/guardian(s) and assigned juvenile justice specialist and completed in MiSACWIS. The release date must be entered in MiSACWIS using the Treatment Plan hyperlink and selecting Release Report.

In accordance with Mich Admin Code, R 400.4166, the following must be included in the Release Report, Supporting Information:

- Reason for release, and the new location of the youth.
- A brief summary or other documentation of the services provided while in placement, including medical, mental health, psychiatric, trauma and dental services.
- An assessment of the youth's needs that remain to be unmet. Use the JJ Strengths and Needs Assessment and the Michigan Juvenile Justice Assessment System as indicated in [JRM 202, Residential Screening and Assessments](#).
- Any services that will be provided by the facility after discharge.

- A statement that the discharge plan recommendations, including medical, psychotropic medication, therapeutic and dental follow up that is needed, has been reviewed with the youth, parent(s)/legal guardian(s) and with the assigned juvenile justice specialist.
- The name and official title of the person to whom the youth was released.
- For an unplanned release, document a brief summary or other documentation of the circumstances surrounding the release.

The DHS-234, Release Report, must specifically identify strategies and community resources to address unachieved goals and remaining risks and/or needs of the youth and identified family.

The DHS-234, Release Report, must formally include a relapse prevention plan that describes actions the youth and identified family must take if relapse or a subsequent offense occurs or is considered imminent.

Prison Rape Elimination Act Program/Placement Review

Pursuant to the Prison Rape Elimination Act National Standards for Juvenile Facilities, 28 CFR 115.311-115.393, residential facility staff must obtain and use information on a youth's history, behavior, and any threats to safety that the youth has experienced, to reduce the risk of sexual victimization and abuse. **When a youth identifies as transgender, two-spirit or intersex**, placement and programming assignments must be reassessed at least twice per year for any threats to safety experienced by the youth (28 CFR 115.342(e)).

If a PREA Program/Placement Review was not completed within the last six months then documentation of this program/placement assignment review must be completed by recording a MiSACWIS Clinical Case Note using the Type of Session, PREA Program/Placement Review.

As a result of the PREA Program/Placement Review, any specific changes to assignments shall be documented in MiSACWIS; see [JRM 202, Residential Screening and Assessment, Juvenile Justice \(JJ\) Strengths and Needs Assessment](#), for information on

documenting assignments in the JJ Strengths and Needs Assessment.

**Completion Date
Compliance**

Pursuant to Mich Admin Code, R 400.4166, the DHS-234, Release Report, must be completed within 14 calendar days of the youth's release date from the facility. The DHS-234, Release Report, is considered complete when the assigned residential case manager submits the DHS-234, Release Report, to the supervisor in MiSACWIS for approval. The completion date is reflected as the Report Date on the first page of the DHS-234, Release Report.

The DHS-234, Release Report, is considered overdue if the Report Date is on or after the 15th calendar day of the youth's release date.

**SUPERVISORY
APPROVAL**

In accordance with Mich Admin Code, R 400.4155(5), R 400.4156(5) and R 400.4167(2), the residential case manager supervisor must sign and approve the treatment plans and release report. The DHS-232, Initial Treatment Plan, DHS-233, Updated Treatment Plan, and DHS-234, Release Report, along with the required assessments, must be reviewed and approved by the supervisor. The approval process requires the supervisor to:

- Review and approve the initial treatment plan, updated treatment plan or release report within 14 calendar days of the Report Date.
- Select Approve in MiSACWIS to generate the approval date.

The agency is considered out of compliance with Mich Admin Code, R 400.4155(5) or R 400.4156(5), if the supervisor approval date is past the 14-day review and approval time frame.

Supervisory approval indicates agreement with:

- The assigned residential case manager recommendations to the court.
- The identified strengths and needs of the youth and identified family.

- The Current Risk Level and Current Security Level.
- The rate of progress identified.
- Appropriateness of current program, services and estimated release date.
- Current treatment goals and reentry plan for the youth.
- Permanency planning goal(s) approved by the assigned juvenile justice specialist.
- The visitation plan.

GENERATE AND SAVE

After a DHS-232, Initial Treatment Plan, DHS-233, Updated Treatment Plan, or DHS-234, Release Report, has been approved in MiSACWIS, the treatment plan or release report must be generated and saved in MiSACWIS.

Note: MiSACWIS will not automatically save an approved report.

REQUIRED SIGNATURES AND TIME FRAMES

After a treatment plan or release report is approved in MiSACWIS, signatures for all appropriate case members must be obtained, including youth ages 11 and older. Signatures from all appropriate case members are required to be obtained within 30 calendar days of the Report Date.

Uploading Signature Pages

Treatment plan and release report signature pages will be scanned and uploaded into MiSACWIS. The full document is not required to be scanned and uploaded, as information contained in the document can be viewed in the system. Use the document hyperlink for the appropriate treatment plan or release report to upload signature pages.

DISTRIBUTION

Prior to distribution, review [SRM 131, Confidentiality, Redaction](#), for details on proper redaction. A copy of each approved treatment

plan and release report needs to be filed in the youth's case record. According to 1939 PA 288, MCL 712A.2(i)(i), MCL 712A.19, and MCR 3.943(C)(2), copies of approved treatment plans, and release report must be distributed to the following:

- Youth 11 years of age or older.
- Court.
- Youth's attorney.
- Prosecuting attorney.

The following are also provided a copy of the approved treatment plans and release report:

- Youth's parent(s)/legal guardian(s).
- Youth's juvenile justice specialist. For court-supervised youth placed in Shawono or Bay Pines Center, copies are to be provided to the probation officer or care management organization worker.
- A nonparent adult, if the nonparent adult is required to comply with the treatment plan.
- If tribal affiliation has been determined, the elected leader of the Indian Tribe or the designated ICWA Indian Agent as outlined on the [Federal Register](#).
- Other person as the court may direct.

Copies of any letters documenting distribution are required to be retained in the youth's case record until the youth is released from the facility.

REENTRY PLANS

Six months prior to the youth's estimated release date, reentry planning and preparation is documented in the DHS-738, Reentry Plan, in MiSACWIS. For MDHHS-supervised youth, the DHS-738, Reentry Plan, is a team effort, but completion and approval responsibility rests with the assigned juvenile justice specialist and his or her supervisor; see [JRM 207, Reentry Planning and Preparation](#), for requirements on establishing treatment and transition teams.

For direct court placed youth at Bay Pines Center or Shawono Center, the assigned residential caseworker and his or her

supervisor are responsible to complete the DHS-738, Reentry Plan, in MiSACWIS.

RELEASE OUTCOME REPORTING

All state run and private, contracted juvenile justice residential treatment staff are to report on the outcomes of each youth treated that are referred or committed to MDHHS. In addition, Shawono Center and Bay Pines Center must report on the outcomes of each direct court placed youth. The reports are completed during the sixth month after the youth was released from the facility in the Release Outcome Reporting module of MiSACWIS. Residential treatment staff are obligated to use the youth, the youth's identified family, assigned case worker(s), known community service providers, internet resources and other collateral resources to obtain and record the information required.

AFTERCARE SERVICES REPORT

Certified qualified residential treatment programs (QRTP) must complete the [MDHHS-5931, Residential Aftercare Report](#) at 30, 90 and 180 days after a youth discharges from placement. All reports must include any clinical assessments and treatment goals. The reports are due to the youth's JJS no later than 15 days after completion.

FORMS

- DHS-232, Initial Treatment Plan (ITP).
- DHS-233, Updated Treatment Plan (UTP).
- DHS-234, Release Report (RR).

LEGAL BASE

Federal

The Social Security Act, Subpart G-Reporting Populations, 45 CFR 1355.44(b)(2)(ii).

Defines the information that is required to be reported regarding a child's sexual orientation.

Prison Rape Elimination Act, 42 USC 15601 et seq.

Establishes zero tolerance for rape and standards for the detection, prevention, reduction and punishment of rape for individuals in justice custody.

Prison Rape Elimination Act National Standards, General Definitions, 28 CFR 115.5

Intersex means a person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.

Transgender means a person whose gender identity (for example, internal sense of feeling male or female) is different from the person's assigned sex at birth.

Prison Rape Elimination Act National Standards, Subpart D- Standards for Juvenile Facilities, 28 CFR 115.342 (a)-(g).

Requires residential facility staff to use all information obtained to make housing, bed, treatment services, education and work assignments for each youth with the goal of keeping all youth safe and free of sexual abuse. Provides requirements around isolation as a last resort. For transgender or intersex youth, requires residential facility staff to consider on a case-by-case basis whether the assignment ensures the youth's health and safety and if the placement presents management or security concerns. Requires residential facility staff to reassess the housing and services provided to transgender or intersex youth at least twice per year to review any threats to safety experienced by the youth and to seriously consider a transgender or intersex youth's own views to his or her safety. Residential facility staff must ensure that transgender or intersex youth have the opportunity to shower separately from other youth.

Social Security Act, 42 USC 672(4)(F)

Requires qualified residential treatment programs to provide discharge planning and family-based aftercare support for at least six months post-discharge.

Preventing Sex Trafficking and Strengthening Families Act, Public Law 113-183. Section 111 Supporting Normalcy for Children in Foster Care

Section 111 of this act establishes standards for normalcy for a child who is in the custody of the state and includes a Reasonable and Prudent Parent Standard and normalizing activities for children.

State**The Probate Code, 1939 PA 288, as amended, MCL 712A.2(i)(i).**

Defines the party in a delinquency proceeding to include the petitioner and juvenile.

The Probate Code, 1939 PA 288, as amended, MCL 712A.19.

Requires that an agency report filed with the court shall be accessible to all parties to the action.

The Mental Health Code, 1974 PA 258, MCL 330.1100b(16)(a)-(f).

Mental health professional means an individual trained and experienced in the area of mental illness or developmental disabilities that is a licensed physician, psychologist, licensed master social worker, professional counselor or marriage and family therapist.

The Juvenile Facilities Act, 1988 PA 73, as amended, MCL 803.225.

When a juvenile is committed to MDHHS for an offense that can extend jurisdiction to age 21, a commitment report must be prepared for a commitment review hearing prior to age 19, or if jurisdiction was already extended, prior to age 21.

**MICHIGAN COURT
RULE****MCR 3.943(c)(1)(2)**

The youth or the youth's attorney and the petitioner must be provided the opportunity to review written reports for dispositional hearings.

**MICHIGAN
ADMINISTRATIVE
CODE****Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4155.**

Requires the initial treatment plan to be completed within 30 calendar days of admission, specific documentation requirements

and requires the residential case manager and case manager supervisor to sign the initial treatment plan.

Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4156.

Requires the updated treatment plan to be completed every 90-calendar days following the initial treatment plan, specific documentation requirements and requires the residential case manager and case manager supervisor to sign the initial treatment plan.

Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4166.

Requires the release report to be completed within 14 days after a youth is released from a residential facility and specific documentation requirements.

Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4167(2).

Requires the residential case manager and his/her supervisor to sign and date residential treatment plans.

POLICY CONTACT

Policy clarification questions may be submitted by juvenile justice supervisors or managers to: Juvenile-Justice-Policy@michigan.gov.